

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

ORIGINAL NO. **10/088992** FILING DATE
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3		1					
4		3					
5		3					
6		3					
7		3					
8	1						
9	1						
10		1					
11		3					
12		3					
13		3					
14		3					
15		3					
16		(1)					
17		2					
18		2					
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100							
TOTAL IND.	5						
TOTAL DEP.		50					
TOTAL CLAIMS	55						